

Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date: 1-31-2008

Address: 4125 N. 245 E.

Case #: 22-42778

Ontario, In

County: Lagrange

46746

Type of Laboratory Seizure (check one)

- ☒ Operational Lab
☐ Chemical/Glassware/Equipment (only)
☐ Dumpsite (only)

Seizure Location (check all that apply)

- ☒ Residence
☒ Outbuilding
☐ Vehicle
☐ Hotel/Motel
☐ Open - No Structure
☐ Other: _____

Items Found: Location (bedroom, kitchen, open air, etc)

(check all that apply)

- ☒ Lithium/Ammonia Reaction(s): 1 litre reaction vessel
☐ Red Phosphorous/Iodine Reaction(s): _____
☒ Flammable Solvents: Coleman fuel, acetone
☒ Water Reactive Metal (Lithium): casings and shippings
☐ Anhydrous Ammonia: _____
☒ Hydrochloric Acid Gas Generator(s): Severallitre HCL
☒ Corrosive Acid: 64 oz sulfuric acid
☒ Corrosive Base: 2 lbs lyc, ammonium sulfate
☒ Other (item and location): filters/tubing/PSE

Child under age 18 discovered (check one)

- ☐ Yes _____ (number present)
☒ No

*If yes, fax report to Child Protective Services

Investigative Information

- ☐ Ephedrine/Pseudoephedrine Tracking Log
☐ Retail/Merchant Tip
☒ Other: _____

This report is to be faxed to the following agencies that serve the location:

Fire Department: Howe Fire

Fax: 260-562-2165

Health Department: Lagrange County

Fax: 260-463-7835

Child Protection Service: _____

Fax: _____

For further information regarding this methamphetamine laboratory, contact

Investigating Officer: Tpr. R Smith

Phone 260-432-8661

** This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

*** This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.